



UDHSC September Meeting

September 3, 2020

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Agenda

- Introduction – Behavioral Health in Intermountain
- How Intermountain uses DOH data
 - Suicide data learnings in past
 - Goals for future data learnings
- Discussion

Intermountain received DOH data in 2013

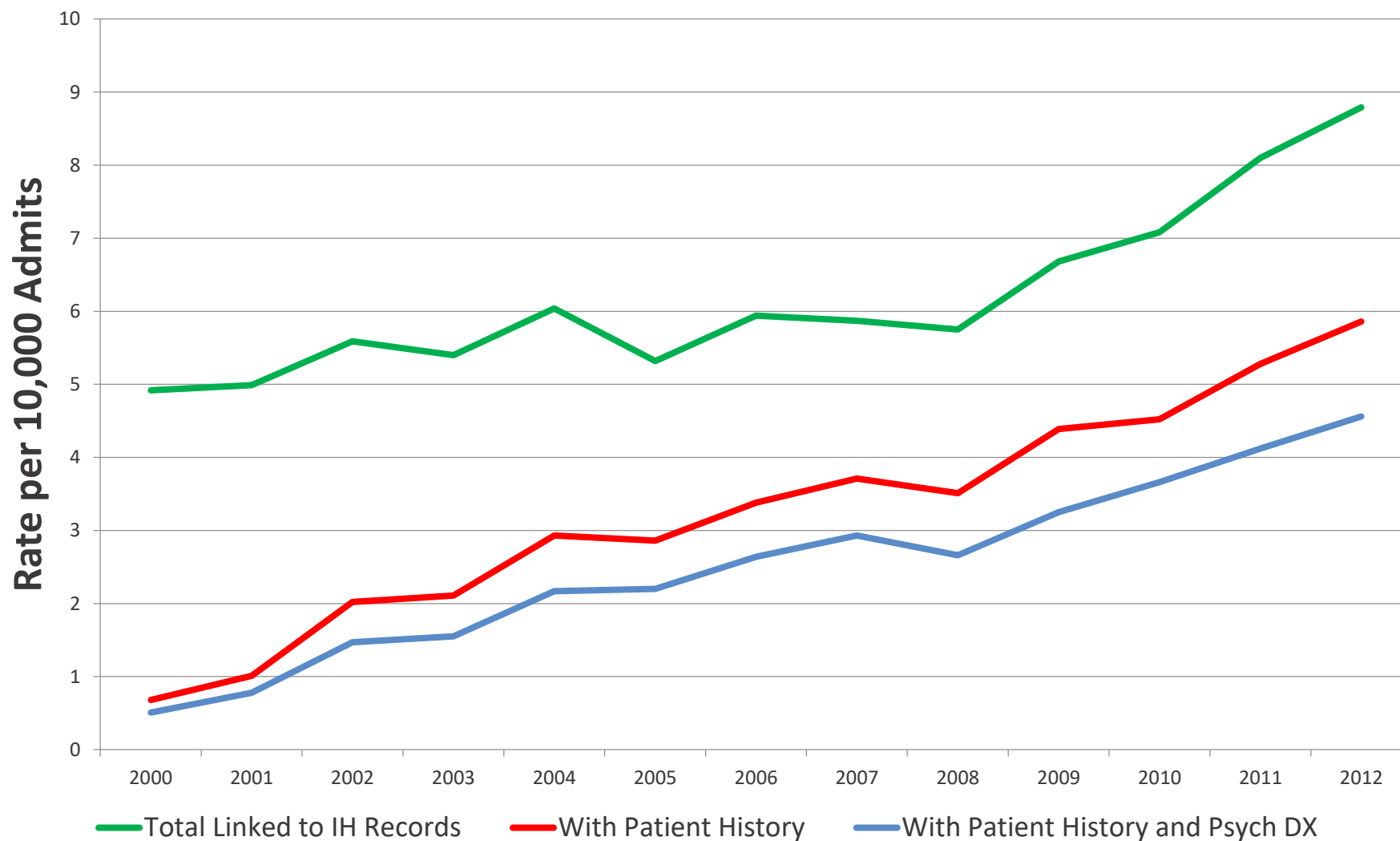
Manual Process

- EDW contacts State, requests death records
- State sends a file with all death records
- EDW architect matches death records with Intermountain patient records

Rate limiting steps

- Dependent on EDW making request
- State's timeliness in processing death records

Suicide Rate by Year



Learnings and Impact from 2000 – 2012 Data

- Identified Intermountain trends
 - ~40% of patients who died by suicide had touched the system within previous 4 weeks
 - ~25% of patients had touched the system within 7 days
- With DSAMH partnership
 - Developed Suicide Prevention Care Process Model
 - Implemented standardized depression screening
 - Implemented standardized suicide risk assessment

Currently working with 2014 – 2018 data from IRB
request

Hypothesis – “More mental health care in
primary care will reduce the overall suicide
rate”

Intermountain Goal



Have access to Cause and Manner of Death data ongoing so we can be engaged in ongoing quality improvement.



Not useful to “wait” for a data dump using an IRB to learn how we can improve care and potentially save lives

Real time data sharing of other identified data streams such as SoDH

Local Mental Health Agencies (LMHA) are already getting data/information as “state agencies”

“CHIE” not available in real-time use for an individual provider

Questions/Discussion

